

**INDIAN HEALTH SERVICE  
INFORMATION SYSTEM COORDINATORS MEETING**

**Albuquerque, New Mexico  
June 22-23, 2004**

**Attendees**

Areas

Aberdeen Area-Madonna Long, Alice Martell  
Alaska Area-Richard Hall  
Albuquerque Area-Joseph Lucero  
Bemidji Area- Alan Fogarty  
Billings Area- LeAnn Christianson  
California Area-Janet Bergemann, Steve Lopez  
Nashville Area- None  
Navajo Area-Wesley Old Coyote, Tony Davis, Larry Johnson, Lyle Benally  
Oklahoma Area-Kevin Rogers  
Phoenix Area-Lee Stern  
Portland Area-Ginny Bronson  
Tucson Area-Dennis Mattix, Dale Armstrong  
IHS Division of Engineering Services/Seattle/Dallas-Val Calder

Information Technology Support Center

Ken Russell, Sam Berry, Tom Fisher, Stan Griffith, George Huggins, Tom Mathues, Robert McKinney, Bruce Parker, Rick Pullen, Ray Richardson, Dale Smith, Karen Wade

Division of Information Resources

Keith Longie, Matt Parkinson, Rachael Tracy, Christy Tayrien

**Tuesday, June 22, 2004**

**Televideo Conference - Indian Health Service (IHS) Headquarters Reorganization**

Dr. Charles Grim, Director, IHS

The meeting began at approximately 8:00 A.M. with a televideo conference link to Dr. Charles Grim, Director, Indian Health Service (IHS), in Rockville, Maryland for his briefing on the IHS Headquarters restructuring. Reorganization documents including staffing profiles, position crosswalk from the current to new organization, functional statements, and organizational charts are available on the IHS Website at the following: <http://www.ihs.gov/NonMedicalPrograms/HRG/Index.asp>.

**CIO Roundtable Discussion with ISCs on Area Issues, Initiatives, and Problems**

Keith Longie, CIO, IHS, and Wes Old Coyote, ISC Chair, facilitated the closed session with the ISCs.

ISC Action Item: The ISCs will provide the CIO with a list of recommendations based on their closed session with the CIO and including other items resulting from the ISC meeting in general.

**Electronic Health Record: Current Status, Lessons Learned, Use of Wireless Connectivity, Distribution of Seed Resources, and Clinical Application Coordinators**

Keith Longie, CIO and Wes Old Coyote, Navajo Area CIO, IHS

Current Status: Keith discussed the status of the alpha and beta test sites that the Electronic Health Record (EHR) is being tested at and the sites scheduled for future deployment.

Distribution of Seed Resources: Keith briefed the ISCs on the Diabetes program's resources that are going to be made available to the Areas. At the Tribal Leaders Diabetes Committee meeting in January 2004, the Director, IHS, instructed the DIR to develop a proposal for how to strengthen the IHS data system, and to then work with the IHS National Diabetes Program (NDP) to come to agreement on a plan for use of these funds. The DIR and the IHS National Diabetes Program agreed the \$5.2 million would be divided almost equally between Headquarters and Area functions (approximately \$2.6 million each). The DIR will manage the funds based on an agreement with the NDP and provide the NDP with a detailed annual accounting of how the funds were used. For the Area portion (~ \$2.6 million), each Area will be asked to identify their specific, local needs to deploy the EHR, implement the RPMS Integrated Case Management Program, and conduct other related activities from a menu provided by DIR. The DIR will provide Areas with an approximate dollar figure for what is available, and ask each Area to submit a proposal. The DIR will then transfer funds to the Area. Each Area will not be funded equally; rather, a method will be proposed by DIR for determining and prioritizing each Area's need. The DIR will be asking the Areas for feedback on how they are using the resources. Would like to see the Areas get competitive on how they use the resources and the time tables for their proposals.

Wireless Connectivity: Keith discussed focusing more on the EHR and process changes required, as well as training. He has initially seen locations spending too much time and resources on the wireless aspect. While this is good to have, from our lessons learned he would rather the sites focus on other areas of EHR implementation that are just as important.

EHR Lessons Learned: Ginny Bronson, Portland Area, discussed her experience with the EHR implementation and described having to do patches in the morning, and another patch in the evening to fix the one loaded in the morning. She stated that the software needs to be certified by the time it is rolled out everywhere so these frequent updates will not have to occur at every site.

LeAnn Christianson, Billings Area, said that they have had a very successful EHR experience at Wind River. They have found that the sites definitely need top management backing and support to be successful. She agreed that it is not just an IT project, and that it takes all departments to support it.

Lee Stern, Phoenix Area, said that Sacaton has hired a Clinical Application Coordinator (CAC) and White River has advertised for one. The Phoenix Area has not put one in place yet. Lee requested documentation from the CIO for the IT super-user that Wes Old Coyote is recommending facilities have. Lee said he envisioned the CAC as a clinical person, with an IT background. LeAnn discussed the need for both positions at the start up, but said that their experience has been they are not necessarily needed after the EHR is fully implemented. Keith talked about different options depending on the Area or regional requirements. Some sites may need full-time positions and others may be fine with sharing a portion of an FTE.

Richard Hall, Alaska Area, stated there are 4 sites from his Area that really want to implement the EHR. The Area has plans to implement the software centrally. The sites will be responsible for the rest of the project.

Tony Davis, Navajo Area, said Tuba City was the initial site for the EHR in the Area, but they have had some turn over and management changes since it began. They are advertising for new EHR Program Director and plan to resume their EHR program soon. Fort Defiance is the next site to come on board, and Chinle will be third. The Navajo Area is purchasing all new servers for their sites. They have established an Area council that has identified priorities from their sites and this how they purchased their servers. They are planning a contract with CIA to roll it out.

Jan Bergemann, California Area, said their first site, Indian Health Council, Pauma Valley, California, already has an IT super user and CAC on board, and are ready to go. They have a new facility that is two years old. Feather River will be next, they're getting ready, but are not quite there yet. They are very interested in seeing how the regional server will work for their Area. It hasn't really been tested yet, they plan to conduct a live demonstration.

Dale Armstrong, Tucson Area, said that Santa Rosa and San Xavier are preparing for EHR and they also have a tribal site that is interested.

Joseph Lucero, Albuquerque Area, identified the Santa Fe and Mescalero facilities as their EHR sites. He pointed out that the diabetes funds will really be helpful.

Madonna Long and Alice Martell, Aberdeen Area, reported that their sites were Rosebud and Rapid City. Rapid City is an older site, and Wes Old Coyote had recommended a wireless network for them. They are happy to see support for this. Since their Area is so spread out and they depend on regional support, they are looking toward the end of this year for deployment.

Alan Fogarty, Bemidji Area, said the Area is supporting the Red Lake and Ho Chunk sites and their progress is moving along.

Kevin Rogers, Oklahoma Area, identified Hastings Medical Center and Chickasaw Nation as their sites. Hastings has been very active from day one. They took their 2 existing people assigned to it as the CACs. Kevin said they are fortunate to have Pat Cox at the Area level working on it. He said he was not that familiar with the Tribal site. Wes Old Coyote will be doing the EHR review on this site.

Keith touched on EHR visitor control, and stated that the EHR is one of those things that you have to see firsthand. Rick Pullen also recommended having other sites visit while you are implementing it. However, Ginny Bronson, Portland Area, said they found at Warm Springs that you do not have the time to educate the others while you're learning it yourself.

Keith then asked for input on how the Areas would like to roll out the EHR. Madonna Long recommended a visual aid like the short video clip on the EHR site. They have found this much more effective than the Power Point presentations currently out there. Tony Davis said we need recommendations for server sizes based on size of facilities. LeAnn Christianson agreed that this would have been helpful with the implementation at Crow Indian Hospital.

DIR Action Items:

1. Visual Aids. The ISCs requested visual aids in addition to or instead of PowerPoint presentations. There is a short video clip on the EHR site they have found to be much more effective than the PowerPoint presentations currently available on the EHR website.
2. Server Sizes. The DIR/ITSC will develop recommendations for server sizes to support the EHR at sites based on the size of the facilities and workload volume.

ISC Action Item:

Diabetes Program Resources. The ISCs will provide the CIO with Area feedback on how they will be using the Diabetes program IT resources that are going to be made available to them. The CIO would like to see the Areas' time tables for their proposals.

**IHS IT Workforce Planning Project and CIO Training**

Rachael Tracy, CIO Office, IHS

*Link to Presentation:* [IT Workforce Planning Project 6-22-2004](#)

Rachael Tracy introduced herself as a new staff member in the CIO's immediate office. She began her presentation by discussing how IHS began working on the IT Workforce Planning Project last fall. Gene Robinson and Christy Tayrien sent out a data call early this year for IT positions and organizational

structures within the Areas. The DIR is now looking at sites to see what their positions look like. The Office of Personnel Management (OPM) converted all the IT Specialist positions last year from the 334 classification to 2210s. The OPM has identified 10 specialized IT positions. Rachael talked about initially identifying 6 of the 10 to use, but that the ISAC recommended using all 10 at their recent meeting in May which we are doing now. Keith added that everyone needed to come to an agreement on what the universal requirements will be, how to implement them in each of the Areas, and the development of policy based on the requirements we identify, and the ability to conduct management control reviews based on the policies we establish. Keith gave the example of where he would like to see the CIO position at every Area Office. Rachael talked more about the standardized list of positions recommended for an Area, and the list for facilities and how this is being developed by her and Frank Martin for the IHS RIM group. They are examining using a number for IT positions based on staff on board, or possibly based on user visits. Alan Fogarty recommended developing billets to go with corresponding position descriptions being written. Keith talked about possibly doing IDPs for existing staff that we could analyze to identify needs that are not addressed.

DIR Action Items:

1. Position Descriptions. Rachael Tracy, DIR, will distribute recommended Position Descriptions (PDs) for IT Specialists in the 10 IT specialized categories and PDs for the Clinical Application Coordinators broken down by grades and corresponding billets to the ISCs by the end of July 31, 2004.
2. Central Classification. Rachael will coordinate having the PDs classified centrally.  
*(NOTE: Rachael Tracy has since left IHS for a position at the National Institutes of Health. R. Frank Martin, CIO staff, has assumed her duties. CTayrien)*

**Telecommunications Initiatives, Activities, and Status**

Tom Fisher, ITSC, IHS

Link to Presentation: [Telecommunications Management Presentation 6-22-2004](#)

Tom Fisher shared a handout with the ISCs with the status of telecommunications activities in IHS. He asked the Areas to tell him what their issues were. The following were discussed in detail:

- **Telecommunications Network Support** - The CIO recommended that the ISCs establish a workgroup for telecommunications network support issues. Steve Lopez was selected as the Chair and Val Calder, Matt Parkinson, Lee Stern, Wes Old Coyote, and Tom Fisher volunteered to be members of the workgroup.
- **VBNS Network** - L.J. Baca, TMT, discussed the status of the VBNS network with the group. He talked about the speed of the network, problems encountered with switches and their initial settings. Jan Bergemann, California, asked about slower network speeds they are experiencing. L.J. said they entered new settings for the PIX Firewall switches at the ITSC in Albuquerque and that corrected the problem. Other Areas asked when this information would be transmitted to them. L.J. said that the fix was not necessarily what each Area needed, and didn't consider it a global fix. This is why the information has not been distributed to date, but they will send the information to the Areas if they wanted it. This brought up the issue of making this type of information available through some type of web-based software for things in the test environment at the ITSC.

DIR Action Items:

1. VBNS Network. L.J. Baca, TMT/ITSC, will send PIX firewall switch fixes to Area ISCs as they are discovered when a Area-wide fix applies. Examples include Autosensing versus hard coding, etc.

2. Web-Based Software. The DIR/ITSC will elevate web-based software as a priority in the test environment.
- **Virtual Private Network (VPN) Accounts** - Jan Bergemann asked how they can get new VPNs. Tom Fisher said he thought everyone had their VPNs. This was not the case from the discussion that ensued. The ISCs agreed they have contractors with VPN requirements, and asked about a LAN to LAN solution versus assigning individual VPN accounts per person per site. Ray Richardson, ITSC HelpDesk, said we (IHS) only have a certain number of VPNs available. There is a list of VPN requests "in the queue" waiting for accounts to be assigned. We have several inactive VPN accounts and need a way to determine which VPNs are really required. Tom Fisher added that we have a new contract for equipment and software that should be a solution for this.

DIR Action Items:

1. Increase VPN Accounts. The DIR/ITSC will identify ways to increase the number of VPN accounts the IHS has to accommodate. There are 49 VPN requests presently in the queue. This is a DIR priority item that needs addressed immediately.
2. VPN Lists. The DIR/ITSC will provide Area ISCs with a list of current VPN accounts for their respective Areas/organizations by June 28, 2004.
3. Alternatives. The ITSC will examine alternatives to VPNs such as Secure Shell.

ISC Action Items:

1. Active Accounts. The ISCs will update their respective Area's list of individuals that currently have VPN access and delete persons who no longer have a need for it or have inactive accounts to allow new users requiring VPN access to have an account. The ISCs established a deadline of July 9, 2004 for this activity.
  2. Alternatives. The CIO asked that Areas identify and address management issues and controls for VPN use and access at the local level.
- **Internet Access** – Tom Fisher discussed the HHS' network consolidation phased plan and their focus on Internet access. The IHS as a result has been required to have all Internet access come through the ITSC in Albuquerque.
  - **Universal Service Access Charge Reimbursements and FTS/MCI Billing** – Tom Fisher said MCI has hired a person to work on the USAC reimbursements for IHS. Jan asked when they can expect to see their refunds. Tom was not sure but emphasized that MCI was taking steps to get this issue resolved with their new staff person devoted full time to the IHS. Ken Russell said a solution would be to take the USAC project on at the Area level and contact their local long distance companies directly.

ISC Action Item:

Any Area that would like to directly work on their USAC reimbursements with local telephone vendors instead of having the DIR/ITSC administer this activity on behalf of the Area should contact Jackie Atauvich, Management Analyst, TMT/ITSC at [Jackie.atauovich@ihs.hhs.gov](mailto:Jackie.atauovich@ihs.hhs.gov) or at (505) 248-4416.

- **Active Directory Completion, Follow-up Support, Training and Dell Server Side Offerings**

Link to Presentation: [Active Directory Migration Update 6-22-2004](#)

Karen Wade, ITSC, IHS, reviewed the Active Directory migration schedules and the December deadline. She asked the ISCs if any of them did not think they would be able to meet the December deadline. No one voiced any concern with the deadline.

Karen said we cannot use duplicate IP addresses with Active Directory. You must have private IP addresses. We have already encountered problems at Kayenta, Chinle, Phoenix Indian Medical Center, and Gallup Indian Medical Center with duplicate addresses.

The TMT is putting a one-year contract in place within the next two weeks for a Microsoft Certified Engineer. She asked ISCs to contact Tom Fisher or her to access the contractor.

The TMT has established a training schedule and will be offering Active Directory twice (1 week per class) and Exchange twice (1 week per class). There are 12 slots per class and the training will take place at the ITSC.

**DIR Action Items:**

1. **Active Directory.**
  - A. **Network Address Translation (NAT).** Karen Wade, TMT/ITSC, will distribute the NAT to the ISCs.
  - B. **AD Workgroup.** Matt Parkinson will coordinate the establishment of the AD workgroup with Karen Wade. Members will be Larry Johnson, Don Sawyer, Joe Baczkowski, Mike Alpert, Bob Gemmell, and Dan Wood.
2. **IP Ranges.** Karen Wade, TMT/ITSC, will distribute IP Address ranges to the ISCs for their respective organizations.

**ISC Action Item:**

The ISCs will contact Tom Fisher, TMT/ITSC, to request access to the Microsoft Engineer Contractor to assist Areas with their Active Directory issues.

**Cache Rollout**

Rick Pullen and Dale Smith, ITSC, IHS

Rick discussed Cache rollout that is ongoing and said there were no problems he was aware of right now. The AIX boxes have had problems with the firmware. The IBM machines have had problems with them crashing soon after installation, however, there are easy fixes to the problem.

The ITSC now has a contract with Mark Delaney, former ITSC employee, and are bringing on a new contractor to assist the IHS with Cache. Rick asked the ISCs to contact Tom Fisher to request access to these contractors.

The ISCs asked about the CMBSYB passwords and when they would be able to get new ones. Rick said he was not aware that anyone still used them, but the group said they did. New passwords will be forthcoming.

DIR Action Items:

1. Contract Assistance. Rick Pullen or Dale Smith will assist ISCs requesting access to contract vehicles in place at the ITSC for Cache assistance at the Areas.
2. CMBSYB Passwords. Rick Pullen and Dale Smith will reset the passwords and issue them to the ISCs.

ISC Action Item:

Cache Contract Assistance. The ISCs will contact Tom Fisher to request access to contract vehicles in place at the ITSC for Cache assistance at the Areas.

***June 23, 2004, the meeting began at 8:30 A.M.***

**DIR/ITSC Self-Determination Services Program/Activities Update**

Sam Berry, Self-Determination Services, ITSC, IHS

*Link to Presentation:* [Self-Determination Services Presentation 6-23-2004](#)

Sam opened his presentation with a brief discussion on the Self-Determination Services Team at the ITSC and a description of their website and services available through it. The following excerpt summarizes the information on their website: "In the spirit of tribal self-determination, the Indian Health Service (IHS) - Division of Information Resources (DIR), is strongly committed to supporting the efforts of the tribes to become self-sufficient. The core challenge for the IHS-DIR Self-Determination Team is to continually align DIR information technology (IT) products and services with the mission, needs and directions of IHS' tribal constituents. The IHS' mission of "...Raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level..." is center stage. However, the success of these efforts is dependent upon cooperation, collaboration, & mutual support of the IHS & Tribes. The IHS-DIR Self-Determination team is tasked with assisting tribes achieve their self-determination initiatives in a responsible and results oriented manner. This includes, but not limited to, planning assistance, Tribal share monitoring and resource identification. To accomplish this task, consistent interaction and communication with the tribal market is crucial. Further, in depth knowledge of IHS-DIR services and products is important if we are to architect sound business partnerships between the tribes and DIR. A range of quality technical & management services are provided by the IHS-DIR. These services range from a national patient database to telecommunications (LAN/WAN) to the Resources & Patient Management System. Product packages for each of the different services have been developed." For more detailed information on each of these services, please visit the SDS website at: <http://www.ihs.gov/CIO/Self-Determin/index.cfm>. There are tiers of product packages available that the SDS has identified for tribes to include in their Annual Funding Agreements (AFAs).

Rich Hall said the list of items for the AFAs on Sam's presentation have not been conveyed to tribes/tribal organizations. Tribes don't have this list of items that we are saying should be in an AFA. Rob McKinney, ISSO, added that Joycelyn Beers, Office of General Council Attorney, has told him they are incorporating HIPAA into standard AFA language and he asked if some of the other security requirements such as FISMA would be added as well.

The discussion turned to Tribal shares with the EHR support on the forefront. The practice of identifying an itemized list that a Tribe must leave with the IHS if it plans to run the EHR is an area that needs to be examined, i.e., taking all or none of the tribal share being dependent on whether IHS will support the Tribe in their EHR use.

Madonna Long said she needs language to put in 638 contracts to submit to the Office of Civil Rights that addresses HIPAA, security requirements, and the RPMS. She asked the ISCs for assistance in



developing this language. Keith recommended she go to the Office of General Counsel, this issue has never come up before and the general language we currently use is sufficient for the 100s, maybe thousands of contracts in place.

DIR Action Item:

Self-Determination Services Organizational Component. The DIR needs to put the SDS on the DIR reorganization documents. Not currently on the draft charts Keith provided.

ISC Action Item:

Self-Determination Services Tribal Share Workgroup and Members. The ISCs will establish a workgroup to address and identify tribal share distribution issues for negotiations. Kevin Rogers, Wes, Rich Hall-Chair, Jan, and Bruce were identified as the workgroup. Area Lead Negotiator representation will be identified to participate on the workgroup.

**IHS Help Desk Customer Support Update**

George Huggins and Ray Richardson, ITSC, IHS

*Link to Presentation:* [Help Desk Presentation 6-22-2004](#)

George gave the ISCs the history on the evolvement of the IHS Help Desk. He pointed out that we are working with a flat budget and have had to for years, even though the Help Desk needs have escalated with no associated increase in funding. George gave an anecdote about providing support to an Area even though they asked that their call not be entered into the Service Center because their ISC had instructed them not to call the national Help Desk; they didn't want their Area listed on the Help Desk statistical report.

The ISCs asked about the possibility of opening up the open calls/incidents on a national scope so they can access them along with their Area information to assist in providing fixes to problems other Areas may already have encountered. Jan Bergemann recommended that the Help Desk staff put "subscript" on their call entries. The ISCs agreed that the reason they call the programmers and developers directly is because they have exhausted all local avenues and are looking for the quickest fix to their problems. When they call the Help Desk, it inserts additional layers into the process and the ISCs feel they don't have time to go through them. The ISCs asked if they could call Ray Richardson directly and he said yes. His direct telephone number is (505) 248-4920. Ken Russell also recommended they call Ray through the Help Desk main number, (888) 830-7280 (toll free) or (505) 248-4371 if in Albuquerque, New Mexico. Their Website is located at: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>.

Ken Russell spoke about the variety of Help Desks being used at the Area and Service Unit level, and asked why they were not using the Service Center tool. There is information being collected through these other Help Desk systems that is not being logged into Ray's Service Center software. The ISC consensus was that the Service Center tool is too slow, it is a performance issue.

Matt Parkinson, Headquarters East ISC, added that Headquarters East has a rotation schedule for subject matter experts to assist the Help Desk and take calls directly. He suggested that the ITSC might want to consider trying something similar.

Rich Hall recommended that every call received be recorded in the Service Center, regardless of whether it comes through the Help Desk directly or through indirect routes such as direct calls to developers and programmers.

Lee Stern added that when a product is chosen for IHS-wide use that Areas are expected to buy into, that the Areas be given an opportunity to have some input into the product and functionality of it prior to



selections being made or contracts awarded. The Service Center not meeting everyone's needs served as an example why this would be a good practice.

The ISCs again brought up the VPN account issue. Keith Longie said they are predominantly used for e-mail and ARMS access. Keith said these are management issues and controls that could address this issue, and that VPN is not the sole solution. He gave the example of Secure Shell as an alternative to the VPN. He said the DIR and ITSC would look at alternatives.

Dale Armstrong recommended that the ISCs put together a workgroup to assist and address Help Desk issues and problems.

DIR Action Items:

ITSC/DIR Contracts. The ITSC will ensure ISC input in identification of requirements and functionality prior to awarding enterprise contracts that Areas are expected to make purchases through.

ISC Action Items:

1. Help Desk Workgroup. The CIO recommended that the ISCs establish a workgroup for Help Desk issues. Members identified are: Matt Parkinson, Jan Bergemann, Val Calder, Tony Davis, LeAnn Christianson-Chair, and Ray Richardson. Issues workgroup will address include the following:
  - A. Incidents. The Help Desk will make incidents available nationally in the future (currently only available within the Area that has the incident) through the Peregrine Service Center.
  - B. Error Message. Jan requested an error message be placed in subject line of trouble call/ticket (example: undef).
  - C. Help Desk Calls. Area ISCs can call Ray Richardson Help Desk Team Leader, directly on incidents that cannot be resolved at the Area level at (505) 248-4920.
  - D. Responders. The ITSC will look at the feasibility of rotating subject matter experts through the Help Desk to assist and take calls.
  - E. Recording Calls. The ITSC will ensure that all calls for help are recorded in the Service Center, regardless of point of contact (i.e., developers, subject matter experts, etc. will be responsible for recording information into the system on calls they receive directly).

**IHS Desktop Standards and Use of NIH IT Contracts**

Matt Parkinson, DIR, IHS

Link to Presentation: [iSDP Presentation 6-23-2004](#)

Matt distributed copies of an Inter-Agency agreement sample to the ISCs and told them they could enter their own agreements with the National Institutes of Health (NIH) to access the iSDP contracts directly. He gave them the option to establish their own agreements with NIH or told them they could continue buying off the national agreement and transferring the funds within IHS. Several Areas were interested in establishing their own agreements with NIH.

He discussed limitations on the use of software purchased through the iSDP and pointed out that software packages must be loaded onto one machine. We couldn't split the software and load it on separate machines.

Keith Longie asked how the information for purchasing through the iSDP is sent to Tribal sites, and how small of a purchase can be made. Matt said size of the purchase was no factor. However, Tribes must use the iSDP contracts for HHS-funded Tribal programs only. They cannot purchase items for use for the entire Tribe, just their HHS-funded programs. Matt said he will share the iSDP contract issues with Sam Berry to publish on the DIR Self-Determination Services Website.

DIR Action Items:

1. Intra-Agency Agreements. Matt Parkinson will distribute sample agreements and assist Areas that are interested in establishing Area-level agreements with the NIH so the Areas can purchase directly from iSDP vendors, through him, by IPACing funds directly to NIH instead of having to transfer funds to Headquarters internally.
2. Tribal Notification of iSDP Contracts Available. As soon as the iSDP contracts have been awarded, Matt Parkinson will make the information available to Area ISCs to provide to their respective tribes/tribal organizations in the event they would like to utilize the contract vehicles directly. Matt will also provide contract information to the ITSC Self-Determination Services staff (Sam Berry and Bruce Parker) to use in tribal negotiations and to make the information available through their Website.

**HHS and IHS Security Issues: Standards for Wireless Networks, Five-Year Information Security Strategic Plan, HHS Security Mandates and IHS Security Priorities, and Meeting HIPAA Security Requirements**

Robert McKinney, Senior ISSO, IHS

*Link to Presentation:* [IHS Security Presentation 6-23-2004](#)

Standards for Wireless Networks - Rob discussed wireless network deployments within Areas and stated that they must comply with the NIST Standard 140-1 or 140-2. He discussed the wireless networking specifications that the DIR shared with Areas for comment recently and that no comments were received on them. Keith asked that the IHS not identifying any specific vendor due to contracting issues and recommended that we just state that products used for wireless networks be "FIPS 140 compliant." Lee Stern asked how Areas that already have wireless networks in place would be affected by the technical specification standards. Christy Tayrien, CIO staff, shared Wes Old Coyote's statement from the ISAC meeting in May that the ISCs would like to see something that grandfathered these existing wireless networks in. Lee asked if we would not be grandfathering these sites in, would they have to be FIPS 140 compliant? Keith's response was yes, they would need to move to FIPS 140 compliance as soon as possible. They would not have to shut them down, but they would have a timeline to comply with the standard. The group agreed to a deadline of the end of the calendar year and Keith Longie as the Chief Information Officer would issue an action memorandum to the Areas with this requirement.

Rob told the ISCs to make sure that when they consider a vendor that says they are compliant with the standard, to look at their certificate through the NIST website. Rob also recommended the ISCs look at what they are using it for on their site survey checklist and whether it is non-sensitive.

Five-Year Information Security Strategic Plan – Rob discussed Information Systems Security Officer training required through the IHS plan. Area ISCs requested that this training be made available at each of the Area Offices so all of their sites can have access to the training locally. Jan Bergemann also suggested that this training be offered at the IT Conference in August.

Rob discussed the NIST Special Publication 800-66, and how it crosswalks the HIPAA Security Rule requirements to the Federal Information Security Management Act (FISMA) and NIST checklists. Rob pointed out that the HHS does not use the automated NIST checklist tool to meet the FISMA risk assessment requirement. It uses an HHS-developed SSAT instead.

Dale Armstrong asked for a letter from the IHS CIO supporting the Area ISSO positions since it will be a requirement in April 2005 as part of the HIPAA Security Rule, and is already a FISMA requirement. This was supported by the group. The question of an Area ISSO conducting a review on another Area was asked and Rob said it would be considered as an independent audit.

Dir Action Items:

1. Wireless Networks. The CIO will issue written wireless network technical specifications to the Areas as soon as possible. The ISCs agreed that sites that are already utilizing a wireless network will have until December 31, 2004, to make their wireless networks FIPS 140-compliant.
2. Information System Security Officers (ISSO).
  - A. ISSO Area Office Training. The ISCs requested that ISSO training be made available to Area staff at the Area Offices.
  - B. IT Technology Conference Security Training Track. If possible, the DIR/ITSC will offer an ISSO training track during the IT Technology Conference.
  - C. SSAT Template. The ISCs requested that the IHS Senior ISSO provide a standardized SSAT template, with RPMS-specific criteria identified.
  - D. Area ISSO Full-Time Positions. The ISCs requested that the CIO issue written support for full-time ISSO positions to be established in the Area Offices. These are required to comply with the HIPAA Security Rule that becomes effective in April, 2005, in addition to JCAHO requirements and CMS security regulations currently in place.

**Web Based Software and Patch Tracking/Inventory Application**

Kevin Rogers, Oklahoma Area ISC, IHS

Kevin Rogers gave the ISCs a live demonstration of a web-based RPMS Installation and Patch Tracking System they have developed in the Oklahoma Area. The system has proven to be very useful in the Oklahoma Area and they are willing to share it with the rest of the IHS. Kevin was open to the possibility of assisting other Areas with the development of their own systems, based on the software initially developed in Oklahoma. Keith Longie said he would check on putting an agreement in place between the DIR and the Oklahoma Area for Kevin Rogers' services through a part-time assignment to the DIR for this project to assist with a portion of salary and any other costs that would be required to get this system operational in all of the Areas.

**HIPAA Compliance – Transactions Status and Activities**

Sandra Lahi, Business Process Development Team Leader, ITSC, IHS

*Link to Presentation:* [HIPAA Update 6-23-2004](#)

No Action Items resulted from this presentation.

**Patient Accounts Management System (PAMS)**

Sandra Lahi, Business Process Development Team Leader, ITSC, IHS

Link to Presentation: [Patient Accounts Management System Presentation 6-23-2004](#)

No Action Items resulted from this presentation.

**Software Engineering/RPMS Update**

George Huggins, Software Engineering Team Leader, ITSC, IHS

Link to Presentation: [Software Engineering-RPMS Update 6-23-2004](#)

No Action Items resulted from this presentation.

**Data Warehouse Project Update**

Stan Griffith and Lisa Petrakos, DW ProjectTeam, ITSC, IHS

Link to Presentation: [Data Warehouse Preparatory Guide 6-23-2004](#)

No Action Items resulted from this presentation.

**ISC/ITSC/DIR Roundtable Open Discussion and Meeting Closeout**

**ISC Action Items:**

1. ISC Meeting Schedule.
  - A. The ISCs next meeting will be on Monday all day at the IT Technology Conference in Scottsdale, Arizona, in August. *(Note: This was changed on the July ISC Conference Call. The meeting will be held during the conference at a time to be determined by the majority of ISCs attending. CTayrien)*
  - B. The next ISC conference call is on the regularly scheduled date, second Tuesday of the month. The ISCs will provide reports on the status of ISC meeting action items, including newly established workgroups. The CIO will provide staff support for the monthly conference call.
2. ISC Charter. The ISC Chair will provide the IHS CIO with the ISC changes to the draft ISC Charter Circular and the CIO will process the charter through official IHS channels for the IHS Director's approval.

Meeting Adjourned at approximately 5:45 P.M.